

# HILL COUNTRY

Orthotics & Prosthetics

## Prescription for Diabetic Shoes & Inserts

Fax Orders to: (210) 694-4581

Patient Name: Isidro Benavidez Date: 6/27/2023

ICD 10: E11.29, E11.51, E11.49 Diagnosis: Type 2 Diabetes DOB: 1/31/44

Length of Need (Number of Months or Lifetime): 99 Start Date: 6/27/2023

**Items Needed:**

- Diabetic Shoes A5500 with 3 pairs Diabetic Inserts, heat molded A5512
- Diabetic Shoes A5500 with 3 pairs Diabetic Inserts, custom A5513/A5514
- Diabetic Shoes A5500 with:
  - 3 Diabetic Inserts, custom A5513/A5514 (select side)
    - Right
    - Left
  - 1 Toe Filler L5500 (select side)
    - Right
    - Left
- Diabetic Shoes A5500 with L5500 Toe Filler Bilateral

Additional Items\* (To prescribe any additional items not listed above, please fully describe items below (include Quantity and Right/Left/Bilateral))

\*Other services include but are not limited to upper and lower extremity prosthetics, custom/off-the-shelf upper and lower extremity orthotics, custom and prefabricated lumbar orthotics.

**Letter of Medical Necessity:**

The above patient has been under my care and is in need of the prescribed orthopedic product. This product was prescribed to aid and/or accelerate the rehabilitation process and is deemed medically necessary.

Physician Name: Lisa A Davis NPI#: 1285648808  
(Please Print)

Physician Signature: [Handwritten Signature] Date: 6/27/2023  
(Medicare Requires Hand Signature and Date)